

# EXHIBIT # J

12:24



## THE JAMAICA HOSPITAL

JAMAICA, NEW YORK

## EMERGENCY MEDICINE RECORD

000000000 JAN

9 CLN: 042

009811358

NATION

LAST NAME

MEDICAL RECORD NO.

FIRST

JENNIFER

PATIENT TYPE

PATIENT ACCOUNT NO.

STREET ADDRESS  
5 INWOOD STCITY  
JAMAICASTATE  
NYZIP CODE  
11436 0000

TELEPHONE NO.

F RACE R RELIGION S MARITAL STATUS

FATHER'S NAME

MOTHER'S MAIDEN NAME, FIRST NAME

M.D. NAME OR CLINIC NAME

PATIENT COMPLAINT  
RAPEARRIVAL  
E ACCOMPANIED BY  
ACR#

RELATIONSHIP

TELEPHONE NO.

INJURED AT WORK?

AUTO ACCIDENT?

TIME OF ACCIDENT  
/94 00:00POLICE OFFICER NAME & BADGE NO.  
3333PCT. NO.  
106

REFERRED FROM:

 PMD  TRUMP  CLINIC  FP  OTHERKIN LAST NAME  
SON, ELIZABETHRELATIONSHIP  
TO PATIENT  
05

TELEPHONE NO.

NEXT OF KIN ADDRESS

## FINANCIAL - INSURANCE

OR'S LAST NAME  
SON, ELIZABETH

FIRST

STREET ADDRESS

CITY

STATE

ZIP CODE

ISSOC SEC NO  
0-0000

TELEPHONE NO.

GUARANTOR'S EMPLOYER

ADDRESS

, 000 000-0000

PATIENT'S EMPLOYER NAME  
SS N/A

STREET ADDRESS

CITY

STATE

ZIP CODE  
00000 0000NAME  
ANCE #1: 003NAME  
ZF 24519 A  
GROUP NO.

POLICY NO.

NAME  
ANCE #2:NAME  
ANCE #3:

GROUP NO.

POLICY NO.

## COMMENTS:

ANCE #3:

ANCE #4:

## ING

SIGNS

TIME

B.P.

PULSE

RESP

TEMP

TIME

B.P.

PULSE

RESP

TEMP

IF ORDERED, CHECK WHEN COMPLETED:

 OXYGEN GIVEN

INITIALS

 CARDIAC MONITOR IV ANGIO#

FLUID

INITIALS

METHOD

INITIALS

S NOTES

 ADVANCED DIRECTIVES DISCUSSED

HEALTH CARE PROXY

 YES  NO

AGENT'S NAME:

RN SIGNATURE

RE	TIME	NON-MEDICATION ORDERS (EKG, LABS, CULTURES, ETC.)	MD SIGNATURE	RN SIGNATURE	TIME
		VRRL, UA/UCG hep profile	<i>Rodriguez</i>	<i>Y. Garcia</i>	214

ATE	TIME	MEDICATION ORDERS	DOSE	ROUTE	MD SIGNATURE	RN SIGNATURE	TIME
1/6		<i>Locophine T.T.</i>	250M	I.M	<i>Rodriguez</i>	<i>Y. Garcia</i>	2:30
			0.5	I.M	<i>Rodriguez</i>	<i>Canceled</i>	
		<i>Oxycodone</i>	2 tabs	now 2 tabs	<i>Rodriguez</i>	<i>Y. Garcia</i>	2:30